

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA

PITT COUNTY

OFFICE OF REGISTER OF DEEDS

CERTIFICATE OF BIRTH

Name : WASHINGTON

Birth Date : [REDACTED] 1982 Birth Place : PITT

Sex : Male

Father's Name : KENNETH RAY WASHINGTON

Father's Birth Place : INDIANA

Age/Birth Date : 23

Mother's Maiden Name : RHONDA RENEE BELL

Mother's Birth Place : NEW HANOVER CO NC

Age/Birth Date : 22

Date Filed : 02/11/1982 Book : 68

Page : 322

Date Amended : 05/26/1982 - DECEASED PER BVS VOL 68 PAGE 150

This is to certify that this is a true and correct abstract of the official record filed in this office.

074-090761

Witness my hand and official seal

this the 5 day of November 2008

Judy J. Tart
Register of Deeds
Pitt County
By: *Linda Greenhut*
Deputy/Assistant Register of Deeds

Any alteration or erasure voids this certificate. Do not accept unless on security paper with seal clearly embossed in left corner.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA
PITT COUNTY
OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH									
CERTIFICATE OF DEATH									
Registration District No. 074-90		Local No. _____						150	
Type, or print in permanent black ink		Name of Deceased First _____ Middle _____ Last _____		Sex _____		Date of Death (Month, Day, Year) 3 February 3, 1982			
EASED		Washington		Male					
PARENTS		Color or Race Black State of Birth (If not U.S.A., give Country) Sa. N. C. County of Birth 5b. Pitt Date of Birth 6. [REDACTED] 1982		Age (In Years, Last Birthday) 7		If under 1 year Months 0 Months 0 Days 0		If under 24 hours Hours 32	
HOSPITAL RECORDS		Place of Death-County 5a. Pitt City or Town 8b. Greenville Name of Hospital or Institution (If not in other, give street and number) 8c. Pitt Co. Memorial Hospital		If More, see Inst. (Specify D.O.A., Enter Rm. Treatment, etc.) 8d. IP		Inside City Limits (Yes or No) 8e. Yes			
CAUSE		Residence - State 9a. N. C. County 9b. Onslow City or Town 9c. Jacksonville Street and Number or R.F.D. & Box No. 9d. 17-F Brynn Marr Village		Inside City Limits (Yes or No) 9e. Yes					
CERIFIER		Citizen of What Country? 10. USA Married, Never Married, Widowed, Divorced (Specify) 11. Never married Surviving Spouse (If wife, Give Maiden Name) 12. [REDACTED]							
BURIAL		Social Security Number 13. [REDACTED] Usual Occupation (Kind of work done during most of life, even if retired) 14a. Infant Kind of Business or Industry 14b. [REDACTED] Was Decedent Ever in U.S. Armed Forces? (Yes or No) 15. No							
INFORMANT		Father's Name 16. Kenneth Ray Washington Mother's Maiden Name 17. Rhonda Renee Bell							
DEATH CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)							
PART I		Approximate Interval Between Death and Death							
Conditions, If any which gave rise to Immediate cause (a), stating the underlying cause last.		(a) Immediate Cause: Prematurity							
(b) Due to, or as a consequence of:		Severe Pre Eclampsia							
(c) Due to, or as a consequence of:		Hydatidiform Mole							
PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).									
20a. (Yes or No)		20b. If yes, were findings considered in determining cause of death		Was case referred to Medical Examiner (Yes or No)		21. [REDACTED]		22. Time of Death 22. 6:15 P.M.	
NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.									
Name and Title of Certifier (Type or Print)		Address							
23a. Malvin Henderson, M.D.		23b. Greenville, North Carolina							
Signature of Certifier		23c. [Signature]							
23d. Date Signed 23d. 2/11/82									
Burial, Cremation, Other (Specify)		Date 24b. 2-4-82		Name of Cemetery or Crematory 24c. Pitt County Memorial Hospital		Location (City, Town or County) 24d. Greenville, N.C.		(State)	
24a. Disposal		24b. Date 24c. Pitt County Memorial Hospital		24d. Location 24d. Greenville, N.C.					
25. Funeral Home		Name 25a. Pitt Co. Memorial Hospital, Greenville, NC		Address 25b. [REDACTED]		Signature of Funeral Director 25c. [REDACTED]		License No. 25d. [REDACTED]	
26. Date Rec'd by Local Reg.		Signature of Registrar 26a. [REDACTED]		26b. Signature of Embalmer (If embalmed) 26c. [REDACTED]					
27a. FEB 11 1982		27b. [Signature]							

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

074-073120

Witness my hand and official seal

this the **5th** day of **November** **20 08**

DHHS 3914 (REVISED 2/06) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Vital Records seal clearly embossed in left corner.
Case 7:19-cv-00112-BO Document 32-2 Filed 12/30/19 Page 2 of 2

Judy J. Tart
Register of Deeds
Pitt County
[Signature]
Deputy/Assistant Register of Deeds

